

**KENTUCKY BOARD OF DENTISTRY
INSTRUCTIONS FOR FACULTY LIMITED LICENSURE**

Rev. July 2010

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). ***IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.***
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- In order to obtain a faculty limited license, you must have received an appointment as a faculty member of one of the Commonwealth's dental schools. If granted a license, you may only practice in conjunction with the dental school programs in which you are a faculty member and may only provide services to patients of these programs.
- It is the applicant's responsibility to call the Board office to check on the status of his or her application.

DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION

- _____ 1. Submit a completed and signed "Application for Dental Licensure." Use the name under which you wish to be licensed.
- _____ 2. Application fee: \$325. This amount covers licensure through December 31, 2011.
- _____ 3. Official final transcript of your dental course work **with your degree posted** and with a seal or registrar's stamp on the transcript. **The transcript must be sent directly to the Board office from the school or university.**
- _____ 4. Provide a letter from the dean or program director of a dental school showing a faculty appointment with one (1) of the Commonwealth's dental schools
- _____ 5. Submit a signed "Statement Regarding Faculty Licensure Limitations."
- _____ 6. You must complete and pass the board's jurisprudence examination, which can be taken online at <http://dentistry.ky.gov>. You may reference all of the statutes and regulations via the web or you may request that a law book be mailed to you. **Send \$50 to the Board office with your request for a law booklet.**
- _____ 7. If you graduated within the last 2 years from a school which includes a Cabinet of Health & Family Services (KY CHFS) approved HIV/AIDS course you do not need to submit proof of course completion.* If you graduated more than 2 years ago, you must complete a KY CHFS approved HIV/AIDS course. A list of approved HIV/AIDS college curriculums is at the bottom of this checklist. For approval of HIV/AIDS courses or for a list of approved courses call (502) 564-6539 or visit the CHFS website at: <http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm>.
- _____ 8. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. **Send a copy of the front and back of the card.**
- _____ 9. Submit a criminal background check from the state or states of residence for the last five (5) years. If you are a Kentucky resident please visit the Administrative Office of the Courts website at: <http://courts.ky.gov/aoc/courtservices/recordsandstatistics/records.htm>. If you were a resident out of state any of the five (5) years please make sure you submit a statewide check from each state. You may also submit a background check by fingerprint.

IF YOU HAVE BEEN LICENSED AND WORKED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:

- _____ 1. Provide verification within three (3) months of the date of application is received at the office of the board any license to practice dentistry held previously or currently in any state or jurisdiction. A copy of your license is not acceptable. **These must be sent directly to the Board office from each jurisdiction.**
- _____ 2. National Practitioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board. Applicants must provide a written report for any positive returns on a query.
 - **An additional \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.**

Faculty Limited licenses shall be subject to biannual renewal by December 31st of each odd numbered year. The license shall automatically expire upon termination of your status as a faculty member, per 201 KAR 8:530 Section 5.

A program employing an individual holding a faculty limited license shall notify the board in writing of the date the licensee exits the program.

Make check payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101
LOUISVILLE KY 40222
PHONE: 502/429-7280

*** Approved Dental HIV/AIDS College Curriculums**

Medical College of Georgia
University of Iowa – Iowa City
University of Kentucky
University of Louisville
University of Michigan – Ann Arbor
University of Missouri – Kansas City
University of Mississippi
Virginia Commonwealth University Medical College of Virginia
West Virginia University School of Dentistry